

COMMUNITY ADVISORY COMMITTEE DOCUMENTATION

Use of this form: This form is to be completed by the license applicant to show compliance with the Good Faith Effort requirement.

Instructions: Before completing this form, please refer to the attached "Community Advisory Committee Memo Series." The completed form should be returned to the Division of Children and Family Services licensing specialist. If additional space is needed when filling out this form, use the back of the form or attach a separate sheet.

Name of Proposed Facility _____

Address of Facility - Street Address _____

City _____

State _____

Zip Code _____

Type of Facility _____

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Group Foster Home for Children (GFC)

☐

Child Caring Institution (CCI)

I. AREA NEIGHBOR MEETING

For applicants who held a meeting, please provide the following information.

Date of meeting: _____

Number of people who attended: _____

II. COMMUNITY ADVISORY COMMITTEE

- A. For applicants who were unable to hold a meeting with area neighbors and the local unit of government, use the space below to document how you made a good faith effort to establish a community advisory committee. See suggestions under "Enforcement" in the attached Memo Series.

- B. Is a community advisory committee being formed?

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Yes

If "Yes", provide the information pertinent to the composition of your committee.

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No

If "No", provide explanation of why a committee is not being formed.

SIGNATURE - Applicant

Date Signed

Applicant Address _____

Street _____

City _____

State _____

Zip Code _____

If you responded "Yes" to II.B., please provide the following information pertaining to the composition of your committee.

Facility Representatives

Name		
Street Address		
City	State	Zip Code
Phone		

Name		
Street Address		
City	State	Zip Code
Phone		

Neighborhood Representatives

Name		
Street Address		
City	State	Zip Code
Phone		

Name		
Street Address		
City	State	Zip Code
Phone		

Name		
Street Address		
City	State	Zip Code
Phone		

Name		
Street Address		
City	State	Zip Code
Phone		

Local Government Representatives

Name		
Street Address		
City	State	Zip Code
Phone		

Name		
Street Address		
City	State	Zip Code
Phone		

NOTE: If there is not enough space to list all the advisory committee members, attach a separate sheet. Indicate whether the member is a facility, neighborhood or local government representative along with their name, address and phone number.

If you responded "No" to II.B., explain why a committee can not be formed. If additional space is needed, attach a separate sheet.